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**APPLICANTS**

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**CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/AU98/00356 05/13/1998

**FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRALIA PO 6763 05/13/1997

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	AUSTRALIA	6	1	1
Filed and wedged	Allowance <i>R. C.</i> Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

METHOD AND APPARATUS FOR MONITORING HAEMODYNAMIC FUNCTION

FILING FEE RECEIVED 593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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